

# News

## School Nurse and School Health Services

Iowa Department of Education

August 2010

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### School Entry-Health

#### Kindergarten

**Immunizations. Required to enter school.** Student submits certificate to begin school. Certificate, requirements, information, and law <http://www.idph.state.ia.us/adper/immunization.asp> Local Public Health audits in fall.

**Dental Screening.** Not required to enter school. Rules, forms, and information

[http://www.idph.state.ia.us/hpcdp/oral\\_health\\_school\\_screening.asp](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp) I-Smile/Public Health personnel audit in spring.

**Blood Lead Testing.** Not required to enter school. School submits spreadsheet list of all kindergarten students and test date, if available, no more than sixty days after school begins to Public Health [bmcpartl@idph.state.ia.us](mailto:bmcpartl@idph.state.ia.us). Spreadsheet, Q&As, and law [http://www.idph.state.ia.us/eh/lead\\_poisoning\\_prevention.asp](http://www.idph.state.ia.us/eh/lead_poisoning_prevention.asp)

**Vision Card.** Not required to enter school. School required to distribute vision card to parent/guardian of each registering kindergartener or preschooler. Order from Iowa Optometric Association <http://www.iowaoptometry.org/>

#### Ninth Grade

**9<sup>th</sup> Grade Dental Screening.** Not required to enter school. I-Smile/Public Health personnel audit in spring. Rules, forms, and information [http://www.idph.state.ia.us/hpcdp/oral\\_health\\_school\\_screening.asp](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp)

Plus other district health requirements for school entry.

### 2010 Legislation

**Public Health Disaster School Closings,** Iowa Code 135.144(13) Public Health designated, in conjunction with the department of education, to temporarily close any public or nonpublic school to prevent or control the transmission of a communicable disease.

**School Dental Screenings,** Iowa Code 135.17, 641 IAC 51 amendments:

- Applies to enrolling kindergarten and 9<sup>th</sup> grade students only—not transfer students
- A screening for kindergarten is valid from age 3 years to four months after enrollment date
- A screening for 9th grade is valid from one year prior to enrollment to four months after enrollment date
- Screenings performed by out-of-state providers are acceptable

- Authorized providers (dentists, dental hygienists, physicians, physician assistants, and registered nurses) may transfer information to the approved Iowa Department of Public Health (IDPH) Certificate of Dental Screening from another form. Note: Recorder must sign, include credentials on the certificate, and attach non-IDPH form.
- “Treatment Needs” definitions are revised for the screening section of the Certificate of Dental Screening
- Audit deadline date now May 31
- IDPH School Dental Screening website has a new flyer (English and Spanish) for family outreach, new FAQ fact sheet, and a revised IDPH Certificate of Dental Screening, previous versions of the certificate will still be accepted. For more information, contact: Sara Schlievert, [sschliev@idph.state.ia.us](mailto:sschliev@idph.state.ia.us), 866-528-4020, 515-281-7630, or visit the website [http://www.idph.state.ia.us/hpcdp/oral\\_health\\_school\\_screening.asp](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp)

**Environmentally Preferable Cleaning and Maintenance Policy** Unless Specified Conditions for Noncompliance are Satisfied. Compliance Required by Public Schools, Community Colleges, Institutions Under the Control of the State Board of Regents, and State Agencies, Iowa Code 8A.318. The Iowa Department of Administrative Services, on their website, provides requirements, information, and encourages the use of an environmentally preferable cleaning policy. Each agency conducts an evaluation and assessment regarding implementation. On or after July 1, 2012, all who have not opted out purchase only cleaning and maintenance products identified as meeting nationally recognized standards. Does not prohibit use of disinfectants, disinfecting cleaners, sanitizers, or any other antimicrobial product regulated by the federal Insecticide, Fungicide, and Rodenticide Act, 7 U.S.C. when necessary to protect public health and products used in accordance with responsible cleaning procedure requirements. The agency may, based on the conducted evaluation and assessment, opt out of compliance on the affirmative vote of a majority of the members of the board of directors, president, or administrative officer. If opting out, the agency shall notify their respective governing agency.

### Department Legislative Summaries

Iowa Department of Education

[http://www.iowa.gov/educate/index.php?option=com\\_content&view=article&id=1529&Itemid=2348#LegislativeUpdate](http://www.iowa.gov/educate/index.php?option=com_content&view=article&id=1529&Itemid=2348#LegislativeUpdate)

Iowa Department of Public Health, [http://www.idph.state.ia.us/adper/legislative\\_updates.asp](http://www.idph.state.ia.us/adper/legislative_updates.asp)

Iowa Department of Human Services, [http://www.dhs.state.ia.us/docs/5-6-10EndofSessionSummaryDHS.pdf#search='2010 legislation'](http://www.dhs.state.ia.us/docs/5-6-10EndofSessionSummaryDHS.pdf#search='2010%20legislation')

### Individualized Education Program (IEP)

The *AEA Special Education IEP Procedures Manual* and the *AEA Special Education IEP Documentation Guide* detail statewide IEP implementation in IDEA Federal and State laws. Access the manual and guide <http://www.iowaidea.org/> (select IEP, select Statewide Special Education Procedures, select manual). Selected coding changes include: NR-Nursing Services provided by a qualified nurse (RN or advanced) and HS-Services provided by a qualified person trained by a RN or advanced degree nurse (i.e. catheterization, tracheotomy, tube feeding, and colostomy).

[http://www.iowaidea.org/pages/uploaded\\_files/Support%20Service%20Codes%20Effective%20July%201%202010%20for%20IEP%20Service%20Providers.pdf](http://www.iowaidea.org/pages/uploaded_files/Support%20Service%20Codes%20Effective%20July%201%202010%20for%20IEP%20Service%20Providers.pdf)

### Clinical Laboratory Improvement Amendments (CLIA)

The Federal CLIA law (U.S.C. 42 §263a, 42CFR Part 493) requires schools to have a certificate of waiver to examine materials from the human body to provide information for diagnosis, prevention, or treatment of any disease, impairment, or assessment of health (for example, blood glucose, urine testing, and throat swab). The law applies to a school nurse or other qualified school personnel, following health care provider orders and manufacturer’s instructions, administering certain tests at school and in school activities. The Iowa Department of Education has a *CLIA Certificate of Waiver* applying to Iowa schools under the jurisdiction of the Department. Instead of each district applying for a certificate of waiver, the certificate issued to the Iowa Department of Education applies to each school carrying out the examinations of materials. CLIA information

[http://www.cms.gov/CLIA/08\\_Certificate\\_of\\_%20Waiver\\_Laboratory\\_Project.asp#TopOfPage](http://www.cms.gov/CLIA/08_Certificate_of_%20Waiver_Laboratory_Project.asp#TopOfPage)

#### **GOOD LABORATORY PRACTICES**

- 1) Keep manufacturer’s product test insert available to testing personnel. Use insert; do not use old product inserts
- 2) Follow manufacturer’s collection/handling instructions
  - a) Store at proper temperature
  - b) Use appropriate collection containers
- 3) Properly identify student
  - a) Match name on specimen the student’s name
  - b) Match name on record with student
- 4) Label specimen with a unique identifier
- 5) Discuss any preparation for test with the student
- 6) Read product insert prior to performing the test
- 7) Follow storage requirements. If storing the kit at room temperature changes expiration date, write new expiration date on kit
- 8) Do not mix components of different kits
- 9) Record test results in proper place, not on unidentified post-it notes/pieces of scrap paper that can be misplaced
  - a) Record results according to product insert instructions
  - b) Spell out positive/negative or pos/neg because symbolic representations can be altered (– can be altered to a +)
  - c) Include name of test, month-day-year test was performed, and initials of testing personnel
  - d) If same test is performed multiple times in one day, include time of each test
- 10) Perform any instrument maintenance as directed by manufacturer

## **School Nurse Special Issue Documentation**

### **Introduction**

The Family Educational Rights and Privacy Act (FERPA), a Federal law, protects the privacy of student education records. The law applies to all schools receiving funds from the U.S. Department of Education and all education records, in all media, including the student school health record. Student health records maintained by a school are generally **not** regulated by HIPAA; HIPAA applies to health records maintained by healthcare providers.

FERPA requires written permission of the parent or student, if the student is an adult, to release information and allows disclosure without written permission in certain situations. These situations include school officials with legitimate educational interest, other schools to which a student is transferring, appropriate persons in cases of health and safety emergencies, and others.

The school nurse documents health information and services in the individual student's school health record. FERPA protects the school health record and allows the school nurse to share health related information with school officials that furthers a student's academic achievement and maintains a safe and orderly school environment. The requirements of the registered nurse license, school nursing standards, and school nurse ethics, although not specifically addressing documentation, provide overall guidance for documentation of school health services and health information.

The school nurse has a legal and ethical responsibility to disclose confidential information about a student when child abuse is suspected, there is an indication that the student may be suicidal or may be contemplating self-injury, there is the potential for the student to injure another, or there is a health or safety emergency. Further concerns may arise when the student's health record contains information about sensitive issues.

Sensitive school health information, such as abuse, AIDS/HIV status, mental health, pregnancy, abortion, and sexually transmitted diseases is confidential and governed by FERPA and state laws. Ideally, when situations involving sensitive issues arise in schools, the decision to share information is on a case-by-case basis, with consideration for the specific situation, the student health and safety, the student age and level of maturity, and the student's level of competency to manage the situation. Confidential medical information is shared on a need-to-know basis for the purpose of keeping a student safe in the school setting. Non health licensed persons given confidential health information on a need-to-know basis are reminded that the medical information is confidential, should not be re-disclosed, and may be protected by laws of the Federal or State governments. School staff always encourages a student to self-disclose to parents or guardians and are instrumental in helping students to do so. Making these decisions require the school nurse to exercise professional judgment and knowledge. Concerns of record release and student privacy violation and/or endangering the student health and safety need to be addressed with a school team and decided on considering the individual student situation.

### **FERPA safeguards**

- Records are confidential
- Annual parental notification and rights
- Access is limited to school personnel who have a legitimate need to know
- Document rationale for information release in a health and emergency situation
- Assign individuals with records access and post on the records file
- Access log sign in including reason for access
- Failure to comply may result in penalties

### **Considerations**

- Education of all staff on FERPA
- Implement a staff signed confidentiality agreement and consequences for inappropriate information release
- Include school nurse documentation of sensitive health information in school district policy and procedures
- Develop a procedure on location of district health records
- Develop record transfer procedure for sending health records (envelope marked confidential to receiving nurse)
- Document student symptoms, concerns, and health questions (subjective data) in the student's own words
- Store health records in a secure and locked file
- Limit use of personal notes (personal notes do not provide accountability)
- Return unneeded health records to parent or health provider

### **FERPA-definitions**

**Education records** are all records, files, documents, and others materials containing information directly related to a student; maintained by the agency or institution, or a person acting for such agency or institution (34 CFR §99.3). Education records are all records regardless of medium, including, but not limited to, handwritten, videotape or audiotape, electronic or computer files, film, print, microfilm, and microfiche. PreK-12 student's health records maintained by an education agency including immunizations and records and school nurse records, are generally considered education records and subject to FERPA. This is because they are directly related to the student; maintained by an education agency or institution, or a party acting for the agency or institution; not excluded from the definition of education records as treatment or sole-possession records; or on some other basis.

**Personal notes** made by teachers or other staff, are not considered education records if they are kept in the sole possession of the maker; not accessible or revealed to any other person except a temporary substitute; and used only as a memory aid (20 U.S.C. 1232g).

Confidentiality Law ONLY for Special Education, Iowa Administrative Code 28 IAC 41.610-626.

### **Summary**

The school nurse documents health information in the school health record and ensures the privacy of the health record incorporating laws, standards, and ethics. The school nurse, knowledgeable of the laws, protects the confidentiality of the school health record by

implementing the district policy and procedures. Concerns about privacy violations, record release, student privacy, and endangering the student health and safety need to be addressed with the knowledgeable school team considering the individual student situation.

### **Legal Advice**

"I strongly urge that the message to the school nurses be that their responsibility is to accurately and appropriately document ALL relevant information about their students. They should ask themselves, "If I were coming into this school for the first time, what information would I like to have about this kid?" and then document that information. They should not be inappropriately concerned with how others at the district safeguard the information." Carol Greta, DE Attorney, May 5, 2010.

### **Medicaid Presumptive Eligibility for Children**

The IDPH statewide *hawk-i* outreach is under contract with DHS (Iowa Medicaid Enterprise) to conduct *hawk-i* outreach across Iowa. DHS would like to include school nurses as "Qualified Entities (QE-provider approved by DHS)" that can determine Presumptive Medicaid Eligibility for children. DHS is finalizing their online application system for Presumptive Eligibility for Children an initial Medicaid application for children (completed by the parent/guardian or teenage child applying for himself) asking basic information on demographics, citizenship, household size, and income.

Once the application is signed, it is given to a QE to enter the information in an online Iowa Medicaid Portal Access System. The QE enters information and the system determines the child's Medicaid Eligibility instantly. The QE then prints and gives a Notice of Decision with a valid State ID (Medicaid number) to the family. Currently, the QEs are local hawk-i outreach coordinators. DHS is expanding the QEs to medical provider offices, school nurses, and other local public health/child health staff.

When the Medicaid eligibility is determined or denied instantly, the system pushes the family's application to a local DHS office for further formal Medicaid (parents would need to prove citizenship/identity and verify income) processing. The online training to become a Qualified Entity is approximately 20 minutes long and can be accessed 24/7 for viewing. Once the school nurse is trained as a QE, they are given access to the Iowa Medicaid Portal Access (online application system) and can enter the family's application for instant Presumptive Medicaid Eligibility for children. Details are in development and school nurses will be notified when QE eligibility information is available.

### **Honoring Do-Not-Attempt-Resuscitation Requests in Schools**

The American Academy of Pediatrics, Council on School Health and Committee on Bioethics published an article, Honoring Do-Not-Attempt-Resuscitation Requests in Schools, *Pediatrics*, May 2010; 125: 1073-1077. Retrieved July 26, 2010, from <http://www.pediatrics.org/cgi/content/full/125/5/1073>. The article discusses family wishes to forego life-sustaining medical treatment, effectiveness or risks outweighing benefits, complexity of honoring requests, collaboration, state legislation, and individualized health plan. The Council suggests consideration of communication, comfort-care plans, and advocating for legislation to enable implementation of student and family preferences.

### **Children with Special Health Care Needs: Emergency Information Preparedness/Form**

The American Academy of Pediatrics, Committee on Pediatric Emergency Medicine and Council on Clinical Information Technology and American College of Emergency Physicians, Pediatric Emergency Medicine Committee revised a policy statement, Emergency Information Forms and Emergency Preparedness for Children With Special Health Care Needs, *Pediatrics*, Apr 2010; 125: 829-837. Retrieved July 26, 2010, from <http://www.pediatrics.org/cgi/content/full/125/4/829>. The emergency information form (EIF) contains a health summary, health condition(s), medications, and special health care needs to inform for providers in an emergency.

### **Injury Prevention-Labor Day Caution**

Researchers found most injuries were not holiday-specific but were associated with more general activities. Parents were cautioned to be aware holidays present a risk not only for holiday-specific injuries but also for more general, "everyday" injuries. In an article, Epidemiology of Pediatric Holiday-Related Injuries Presenting to US Emergency Departments, Anthony D'Ippolito, Christy L. Collins, MA, R. Dawn Comstock, PhD, reported their research on injury rates and epidemiology of holiday-related injuries in children age ≤19 years (estimated 5,710,999) in US emergency departments from 1997-2006, *Pediatrics*, May 2010; 125: 931-937. **The greatest number of injuries occurred on Labor Day** followed by Memorial Day, Fourth of July, and Halloween. Children younger than 5 years were a greater proportion of injuries than other age groups. The face, finger/hand, and head were the most commonly injured body parts. Lacerations, contusion/abrasions, fractures, and sprain/strains were the most common diagnoses. Overall, the majority of injuries occurring on holidays were classified as sports and recreation-related. Abstract retrieved July 22, 2010, from <http://pediatrics.aappublications.org/cgi/content/abstract/125/5/931>

### **ADA Amendments Act (ADAAA)**

42 United States Code, Public Health and Welfare, Chapter 126 Equal Opportunity for Individuals with Disabilities §12101 et seq. effective January 2009. The Law restores the intent/protections of ADA of 1990, retains Section 504 and ADA disability definition emphasizing a broad interpretation, does NOT allow consideration of mitigating measures to determine if individual has a disability (excludes ordinary eyeglasses/contact lenses), expands "major life activities" with a non-exhaustive general activities and major bodily functions lists, clarifies an episodic/in remission impairment is a disability if substantially limits a major life activity when active, clarifies "regarded as" having a disability, and does not apply to transitory, minor impairments, reasonable accommodations, or modifications (includes disability subjected to adverse employment action).

"SEC. 3. DEFINITION OF DISABILITY.



(1) DISABILITY. Means,...

(A) a physical or mental impairment that substantially limits one or more major life activities of individual;

(B) a record of an impairment; or

(C) being regarded as having such an impairment

(2) MAJOR LIFE ACTIVITIES.

(A) IN GENERAL. Include,...not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

B) MAJOR BODILY FUNCTIONS.

(1) major life activity also includes operation of major bodily function, including but not limited to, functions of immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

(3) REGARDED AS HAVING AN IMPAIRMENT:

(A) Individual meets requirement if establish they were subjected to action prohibited under this Act because of actual or perceived physical or mental impairment whether or not impairment limits or perceived to limit major life activity.

(B) Shall not apply to transitory minor impairments. Transitory impairment is impairment with actual or expected duration of 6 months or less."

OCR Continues evaluation of the Amendments Act impact on OCR's enforcement responsibilities under Section 504 and Title II of ADA, including whether any changes in regulations, guidance, or other publications are appropriate. US Department of Education Office of Civil Rights <http://www2.ed.gov/about/offices/list/ocr/whatsnew.html>

ADA Amendments Act [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110\\_cong\\_bills&docid=f:s3406enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:s3406enr.txt.pdf)

## **Resources**

**CPR course completion requirement** [281 IAC 12.5(20)]. Effective 2011-2012. Prior to end twelfth grade, each pupil completes a psychomotor CPR course. The course must lead to CPR certification and may be taught during school day either by a school district employee or by a volunteer, as long as person is certified to teach a course that leads to CPR certification. Certification from any nationally recognized CPR course is acceptable and CPR auditing or an infant CPR only course is not acceptable.

[http://www.iowa.gov/educate/index.php?option=com\\_content&view=article&id=1769&catid=838&Itemid=2545](http://www.iowa.gov/educate/index.php?option=com_content&view=article&id=1769&catid=838&Itemid=2545)

### **Drowning Prevention**

Jeffrey Weiss, MD, FAAP, lead author of an American Academy of Pediatrics policy statement and technical report in the July issue of *Pediatrics* said, "To protect their children, parents need to think about layers of protection." Policy Statement, Committee on Injury, Violence, and Poison Prevention, Prevention of Drowning *Pediatrics*, July 2010; 126: 178-185. Retrieved July 21, 2010, from Policy statement <http://www.pediatrics.org/cgi/content/full/126/1/178> and Technical report

<http://www.pediatrics.org/cgi/content/full/126/1/e253>

Other AAP drowning resources: Home Water Hazards for Younger Children

<http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Home-Water-Hazards-for-Young-Children.aspx>

Drowning <http://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Drowning.aspx>

Water Safety for Older Children <http://www.healthychildren.org/English/safety-prevention/at-play/Pages/Water-Safety-for-Older-Children.aspx>

**Drug Prescription Discount Card.** The NASN website links to a student discount prescription card for an average discount of 30%, to be used as primary discount plan or on prescriptions not covered by insurance plan, also includes other discounts on diabetes supplies, hearing aid, and glasses. Stores in our area participating in the discount card: Target, Walgreens, Safeway, Osco, and Hy-Vee. Access and download card at <http://www.nasn.org>

**Head Lice.** The American Academy of Pediatrics (AAP), published Clinical Report-Head Lice, *Pediatrics* 2010;126:392–403. The report clarifies and updates protocols for diagnosis and treatment and provides guidance for the management of children with head lice in the school setting. Access at <http://pediatrics.aappublications.org/cgi/reprint/peds.2010-1308v1>

**Iowa Medication Administration Course.** The medication administration basic course is available to Iowa school employees. Access the course at the AEA Professional Development site <http://www.aea11.k12.ia.us> to register and enter your district AEA professional development code. The course is for school personnel to whom authorized health practitioners have delegated the administration of medication at school and in school activities. The online *Medication Administration in Iowa Schools* is a course designed to partially meet laws and assist schools to provide student medication administration safely and effectively. After successful completion of seventeen units with a 100% test score, the person prints a certificate. Then the person takes the certificate to the school nurse to complete the skills demonstration and successfully complete certification. To access the online training: Go to the Heartland home page <http://www.aea11.k12.ia.us>, click on the link to Online Trainings under Home tab, click on the link for the entrance to Online Training System, and register in the system. For questions, contact: Your AEA OR Heartland Professional Development, 1-800-255-0405, Ext. 14701.

**Iowa Quality Preschool Program Standards (IQPPS).** Standard 5: Health-Program promotes nutrition & health of all children and staff and protects them from preventable illness and injury. Retrieved April 23, 2010, from [http://www.iowa.gov/educate/index.php?option=com\\_content&task=view&id=681&Itemid=1571](http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=681&Itemid=1571)

**Methicillin-Resistant *Staphylococcus aureus* (MRSA) in schools and among athletes and Policy/Procedure Check List for School Athletic Programs.** Retrieved April 19, 2010, from [http://www.idph.state.ia.us/adper/antibiotic\\_resistance\\_school.asp](http://www.idph.state.ia.us/adper/antibiotic_resistance_school.asp)  
Fact sheet health professionals [http://www.idph.state.ia.us/idph\\_universalhelp/main.aspx?system=IdphEpiManual](http://www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual)

**Military Dependent Services and Benefits.** Military dependents affected by deployments are eligible for a variety of services and benefits designed to help them cope. Information source **Operation: Military Kids**, Tom Beasley, Department of Education

Consultant, Military School Liaison. If school nurses believe they are seeing a military child in need of help, please contact Tom Beasley, [Thomas.beasley@iowa.gov](mailto:Thomas.beasley@iowa.gov) or Ms. Chris Gleason, Iowa's Operation Military: Kids Project Director, [cgleason@iastate.edu](mailto:cgleason@iastate.edu)

**Nutrition Standards. Effective 2010-2011 school year**, the Healthy Kids Act, nutrition section, establishes nutritional content standards for food and beverages sold or provided on school grounds during the school day including foods and beverages sold via vending machines, foods and beverages sold as a la carte items, and foods and beverages sold as part of regulated fundraising. For more information on the content standards, nutrition calculator, and toolkit. Retrieved July 21, 2010, from [http://www.iowa.gov/educate/index.php?option=com\\_content&view=article&id=1769&catid=838&Itemid=2545](http://www.iowa.gov/educate/index.php?option=com_content&view=article&id=1769&catid=838&Itemid=2545)

**Obesity.** U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, Screening for Obesity in Children and Adolescents. (January 2010). Retrieved April 26, 2010, from <http://www.ahrq.gov/clinic/uspstf/uspshobes.htm>

#### **Pertussis (Whooping Cough) Information**

Sporadic Iowa pertussis cases continue to occur. Iowa Department of Public Health resources for health providers to increase their knowledge of prevention and control measures used in a Pertussis outbreak <http://www.idph.state.ia.us/adper/pertussis.asp> Contact your local public health department for information on the availability and need for pertussis vaccination.

**School Leader Update.** Monthly publication containing information and resources for school leaders <http://www.iowa.gov/educate/>

**Stomach Bug Book.** The NEA Health Information Network and USDA created *The Stomach Bug Book*, a booklet to inform and educate school personnel on norovirus, spread, prevention, and provide resources for the school community. It is important that students and school personnel, such as custodians, food service workers, bus drivers and school nurses, understand the importance of hand washing and cleaning during a norovirus outbreak. Currently available at no cost, phone 877-250-5795 or download at <http://www.neahin.org/HINPrograms/order.html>

**U.S. Department of Agriculture.** (2001). *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Services Staff*. USDA, Washington, DC. Retrieved July 21, 2010, from [http://www.fns.usda.gov/cnd/guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf)

**Websites-**Department of Education (DE) <http://www.iowa.gov/educate>

Updated School Nurse page [http://www.iowa.gov/educate/index.php?option=com\\_content&task=view&id=1729&Itemid=2524](http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=1729&Itemid=2524)

Department of Public Health (IDPH) <http://www.idph.state.ia.us>

Department of Human Services (DHS) <http://www.dhs.state.ia.us>

### **Calendar**

August 4, New School Nurse Orientation, Des Moines, Iowa School Nurse Organization <http://www.isno.org>

August 12, School Nurse and School Health Services 2010-2011 Update, SAVE THE DATE, Webinar 10:00am-11:15am. **Please Join the Connect Pro Meeting from your computer** <http://iowaec.na4.acrobat.com/r28451025/>

September 22-23, HIV Prevention and Care, Des Moines

October 13-16 ASHA Conference, Kansas City, <http://www.ashaweb.org>

October 14-15 University of Iowa School Nurse Conference, Iowa City

### **Iowa School Nurse Mailing List**

The Iowa School Nurse (iowasn) Mailing List is a communication tool for Iowa School Nurses. The Mailing List is the Department of Education link with school nurses allowing the Department and Nurses to communicate via email messages. Iowa School Nurses can use the mailing list to request information, share news and initiatives, and receive news. School nurses joining the iowasn mailing list will add their email address to the online school nurse mailing list and can send messages to all members at any time. Posted messages automatically go to everyone on the list, over 500 school nurses.

To join the mailing list, send a blank email to:

[Join-iowasn@lists.ed.iowa.gov](mailto:Join-iowasn@lists.ed.iowa.gov)

To cancel the mailing list, send a blank email to:

[leave-iowasn@lists.ed.iowa.gov](mailto:leave-iowasn@lists.ed.iowa.gov)

To send a message to other school nurses on the list, type title in subject, message in the body, and send to:

[iowasn@lists.ed.iowa.gov](mailto:iowasn@lists.ed.iowa.gov)

No other commands are necessary and joining is free.

**Note: When sending a message please include your school, address, phone number, and a resource you found for your question/comment. List members request the person who asks a question summarize responses then post the summary on the list.**

Please contact Charlotte Burt, School Nurse and Student Health Services Consultant with questions and comments, email, [charlotte.burt@iowa.gov](mailto:charlotte.burt@iowa.gov), phone 515 281 5327.